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An exploration of why health professionals seek to hold statutory powers in mental health services in England: considerations of the Approved Mental Health Professional role

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An exploration of why health professionals seek to hold statutory powers in mental health services in England: considerations of the Approved Mental Health Professional role

Abstract

Background

There is a shortage of Approved Mental Health Professionals (AMHPs), who are responsible for compulsory admission decisions under the Mental Health Act 1983. Only 5% of AMHPs are health professionals, over a decade after the role was opened to them.

Aims

The research aimed to identify factors motivating and discouraging health professionals from becoming and working as AMHPs.

Methods

Semi-structured interviews (n=52) with professionals enabled to become AMHPs by the Mental Health Act 2007, including AMHPs; those that had not become AMHPs; and AMHP managers. Additionally, a survey of AMHP senior managers. Interviews and open-ended survey questions were analysed thematically.

Results

Motivating and discouraging factors were grouped as intrinsic and extrinsic. Intrinsic motivations were: altruism; the dynamic and contained nature of the work; and fit with experience. Intrinsic discouraging factors were: damage to therapeutic relationships; the perceived clash between AMHP work and professional values. Extrinsic motivations were: career progression; and professional esteem. Extrinsic discouraging factors were: profile and reputation of the service; organisational commitment; management support; and level of remuneration.

Conclusions

The research suggests that changes in organisational responsibility for running AMHP services and raising the profile of the role might help increase recruitment and retention of health professionals.

Introduction

This article draws on recent research (Authors) which aimed to explore what motivates and discourages non-social work professionals from taking up and working as Approved Mental

Health Professionals (AMHPs) in England. The findings are presented as intrinsic and extrinsic motivations and discouraging factors (following Herzberg, Mausner & Bloch-Snyderman, 1993 and Ryan & Deci, 2000) and suggestions are made for future research and implications for policy developments. This research develops Watson's (2016) study, which focused mainly on social workers' motivations to become AMHPs.

The AMHP role was introduced in England and Wales by the Mental Health Act 2007, which amended the Mental Health Act 1983 (MHA). AMHPs replaced Approved Social Workers (ASWs), who had the same legal responsibilities (Gregor, 2010). The new role was opened to Registered Mental Health Nurses (RNMHs), Registered Learning Disability Nurses (RNLDs), registered occupational therapists (OTs) and chartered psychologists, although only one psychologist has ever received formal legal authority to work as an AMHP (Skills for Care, 2018), although the role remains open to these professionals. Policy varies across the UK. In Scotland, Mental Health Officers have to approve doctors' recommendations for various orders involving emergency and short-term compulsory community treatment or hospital admission. They also make recommendations for Compulsory Treatment Orders (for hospital or community treatment lasting up to six-months) to mental health tribunals, which make the final decisions (Scottish Government, 2006). In Northern Ireland, the ASW role continues unchanged (Abbott, 2017).

AMHPs' main statutory duty is to coordinate MHA assessments, at which decisions to admit or otherwise a patient to hospital compulsorily under the MHA are made. This usually involves liaising with two medical practitioners, one of whom must have special experience in the diagnosis and treatment of mental disorder. However, responsibility for making the final decision about whether to detain the patient lies with the AMHP, whatever the doctors' recommendation. AMHPs are also responsible for implementing the decision taken. A significant aspect of the AMHP role in MHA assessments is to apply a social perspective to decisions whether or not to detain, which involves considering social contexts (socio-economic status, social determinants of health, demographic characteristics and family circumstances) (Department of Health, 2015: 122). Applying a social perspective is an important counterweight to the influence of medical perspectives over decisions taken at MHA assessments.

Internationally, a psychiatrist or a judicial process is often required to detain someone under mental health legislation. However, in New Zealand, 'Duly Authorised Officers (usually nurses) undertake a somewhat similar role. These professionals are responsible for arranging compulsory 'examinations' (similar to MHA assessments) where concerns have been raised about the mental health of an individual. They can also authorise compulsory detention in hospital (New Zealand Government, 2012).

Only about five percent of AMHPs are currently from any of the professions newly enabled to become AMHPs by the MHA 2007: most of these are nurses (Skills for Care, 2018). Overall, the number of AMHPs is reducing (Care Quality Commission, 2018) and this is an ageing workforce (Skills for Care, 2018). At the same time, there are increasing numbers of applications for detentions under the MHA (NHS Digital, 2016). Therefore, this research, aimed to inform approaches to increasing RNMHs', RNLDs', OTs' and psychologists' take-up of the role and help address the perceived shortage of AMHPs (CQC, 2018), in a context where no set number of AMHPs has been established for local populations (Department of Health, 2015, para 14.35).

Work motivations

The framework we used to analyse the data drew on Herzberg et al.'s (1993) influential theory of work motivation, based on the drive for humans to meet: 'growth' needs, related to the intrinsic nature of the work, such as level of responsibility and achievement; and 'hygiene' needs, related to extrinsic factors such as income. For Herzberg et al. (1993) 'hygiene' factors can prevent dissatisfaction, whereas growth factors promote satisfaction.

Herzberg et al.'s (1993) theory fits within self-determination theory, which focuses on the drive for personal growth and development (Gagne & Deci, 2005; Ryan & Deci, 2000) and also emphasises a distinction between intrinsic and extrinsic motivations. Intrinsic motivation is identified as 'self-authored or authentic' and linked to 'the inherent tendency to seek out novelty and challenges, to extend and exercise one's capacities, to explore, and to learn' (Ryan & Deci, 2000: p70). Consequently, Ryan & Deci (2000) place much importance on studying the conditions that foster or impede intrinsic motivation.

Data and methods

This article reports on the qualitative methods and analysis of a mixed-methods study. As set out in Table 1, 52 semi-structured interviews were undertaken with RNMHs, RNLDs, OTs and psychologists, including those who had become AMHPs, (n=12) and those who had not, to give insight on their lack of motivation or to identify barriers to taking up the role (Non-AMHPs, n=18); local authority senior managers with responsibility for the AMHP service ('AMHP Leads': n=9); other professionals (n=13), which are detailed in Table 1. These professionals were included because, as colleagues of AMHPs, they might have different perspectives on AMHP experiences. Interviews were also conducted with people who had been assessed under the MHA (n=6) and family members (n=1), although this article does not draw on these interviews, an analysis of which is presented in [Authors].

Table 1: Numbers of interviews (n=59)

Participant role	AMHP	Non-AMHPs	Total
Nurses	6	6	12
OTs	6	6	12
Psychologists*		6	6
AMHP Leads			9
Other professionals**			13
People with experience of MHA assessments			6
Family members			1
Total	12	18	59

*We were unable to contact the one psychologist warranted to work as an AMHP.
** Police officers (n=3); doctors (n=4); paramedics (n=2); and other managers, trainers or consultants involved in the AMHP service (n=4)

Interviews were undertaken by the authors and explored motivations and difficulties faced by those working as AMHPs and why non-AMHPs had not taken up the role. AMHP Leads were asked about various aspects of managing the AMHP service and other professionals were asked about their experiences of working with AMHPs who are RNMHs, RNLDs or OTs. The interview guides were developed after an initial literature review and consultation with a research advisory group, which consisted of service users, AMHPs and AMHP Leads. We used a mixture of purposive, convenience and snowballing sampling approaches to achieve maximum variation, to help ensure that views are sought from participants with as wide a range of experiences and contexts as possible (Palinkas et al., 2015). This is important because of the different contexts for AMHP work.

A semi-structured online survey, which included a mix of open-ended (which allowed participants to answer or comment in their own words) and closed questions was also distributed to AMHP Leads, using the Bristol Online Survey web platform (now known as Online Surveys). The link to the survey was sent via a network of AMHP Leads, which includes members in 100 local authorities. We sent the link to the Director of Adult Social Services in the other authorities, with a request to pass it on to the local manager with responsibility for the AMHP service. The survey covered aspects of training, recruiting and retaining AMHPs and plans for the future of the service. Despite repeated reminders, and publicity through social media, only 51 valid completed surveys were returned (out of a possible 152). Only answers to the open-ended questions are reported in this article.

Most interviews (n=47),were conducted on the telephone, the others were face-to-face, and all interviews were audio-recorded, with permission, and transcribed in full. Telephone interviews were selected mainly for reasons of time: it was felt that professionals would be used to talking on the phone, particularly about their professional lives, rather than more personal topics. We therefore decided that the disadvantages of this mode of interviewing, such as not being aware of the physical context (Opdenakker, 2006), would not significantly reduce the quality of the data collected.

We adopted a thematic analysis approach, which is fundamental to many kinds of qualitative research (Braun & Clarke, 2008). Interview transcripts were imported into NVivo (X11)® software and read by members of the research team and coded using a coding frame, which was initially based on the interview guides, but evolved as coding progressed. Coded extracts were read to develop subthemes and suggest links between themes. This process was also informed by the literature review, so that coding was sensitised to subtle differences in the data (Braun & Clarke, 2008). Regular discussions in the team involved exploration and assessment of alternative interpretations of the data, which helped ensure trustworthiness of the analysis (Nowell et al., 2017). See Box 1 for an example of the development of sub-themes:

Box 1 Evolution of the code

Original code

What would encourage health professionals to become AMHPs? (original code)

Subcodes developed from data

- More awareness of the role and that health professionals can become AMHPs
- Better reputation and profile of the service
- Greater commitment from the NHS; good management arrangements
- Higher remuneration

Ethics approval was obtained from a Health Research Authority Research Ethics Committee (London - Camberwell St Giles Research Ethics Committee: reference 17/LO/1308). All participants were provided with information about the research, which stressed the voluntary nature of participation and made it clear that we would not pass on information given unless a participant disclosed that someone was being or was at risk of being harmed. All participants consented to take part in interviews: face-to-face interview participants signed a consent form and telephone interview participants gave verbal consent, which was audio-recorded. Information included with the online survey made it clear that submission of the survey would be taken as consent.

Results

Intrinsic motivations

We identified three themes in the intrinsic motivations reported by interview participants and survey respondents: 'altruism'; 'dynamic and contained nature of the work'; and 'fit with skills and experience'.

Altruism

A small number of RNMH and OT AMHPs gave altruistic reasons for becoming and working as AMHPs: they thought that the work would be a good way of getting the best outcome possible in difficult circumstances. Following Stevens et al. (2012) we identified altruistic motivations as intrinsic in that they are meeting needs for self-fulfilment and growth. This RNMH, for example, was interested in becoming an AMHP, for altruistic reasons:

> *I think it's just being able to actually help people really, and it's obviously that old saying of using my own experience and seeing where I can use it to benefit others really.*
>
> *RNMH Non-AMHP 07*

Dynamic and contained nature of the work

A small number of RNMH, RNLD and OT AMHPs reported enjoying the crisis element of AMHP work. For example, one RNMH enthused about a sense of 'living on the edge' experienced in the work. AMHP work was also seen to be 'contained'; involving discrete tasks with clear endpoints. This was considered an advantage in terms of feeling a good decision had been made as a result of the AMHP's contribution to an MHA assessment. This aspect was summarised by one OT AMHP:

> *I like the risk assessment and I like taking into account a whole web of information and making a decision, really.*
>
> *OT AMHP 02*

While motivating some, the dynamic nature of the AMHP role was also experienced as stressful by a small number of AMHPs. This negative stress partly arose from the crisis and highly emotional nature of the work, as illustrated by this comment from an AMHP Lead, referring to an AMHP who was about to retire and was planning to seek professional help to address the level of trauma he had experienced:

> *…he's actually saying to me when he retires, he's going to go into analysis because he feels as if he's absorbed so much trauma from everyone else that he just has to have an outlet.*
>
> *AMHP Lead 07*

Fit with skills and experience

Many AMHPs felt that their training, knowledge, skills and experience made them well qualified to undertake AMHP activities, which added to the intrinsic motivation to work in the role. They felt able to adopt a social perspective and were in the main happy about challenging doctors. These participants also believed that they had the right value base for the work. For example, one RNMH, who had been highly motivated to become an AMHP, gave a typical response, outlining her work history had all been valuable:

> *I think the AMHP role actually draws on the knowledge from all of the skills learnt over the years and all of the background, and it's the only thing that cohesively does that.*
>
> *RNMH AMHP 05*

Intrinsic discouraging factors

Two aspects of the AMHP role were intrinsically discouraging for some AMHPs and non-AMHPs: 'AMHP work damages the therapeutic relationship; and a 'clash with professional values'.

AMHP work damages the therapeutic relationship

While there were differing opinions about whether AMHP work damaged therapeutic relationships, this possibility appeared to be highly relevant for some AMHPs and non-AMHPs. This OT AMHP's statement typifies the argument about the impact of AMHP work on therapeutic relationships:

> *There is a conflict because if you're trying to build up a therapeutic relationship with somebody and are working on something, then it can be quite difficult if you're then going out and try to deprive them of their liberty.*
>
> *OT AMHP 04*

Clash with professional values

A small number of non-AMHPs and AMHP Leads responding to the survey were concerned that the coercive aspect of AMHP work went against their basic professional values of empowerment and support. This appeared to be an important discouraging factor for these participants, as typified by this psychologist:

> *…the whole basis of the recovery framework … is fundamentally grounded within a narrative of enablement, person centeredness. It's not grounded within the traditional notion of control and treatment.*

Psychologist Non-AMHP 06

Extrinsic motivations

Only two 'extrinsic' factors were identified as encouraging RNMHs, RNLDs, OTs and psychologists to become AMHPs: 'career progression' and 'professional esteem'.

Career progression

While there was no indication that RNMHs, RNLDs, OTs and psychologists were expected to become AMHPs, three OTs, indicated that taking up the role would be beneficial to their careers, as typified by this comment:

> *I think for career progression and as an allied health professional, it's really important to have a variety of knowledge and information so that people think it's really worthwhile to do.*
>
> *OT AMHP 04*

A small number of AMHPs, again all OTs, indicated that they were motivated by the opportunity to increase their knowledge and skills presented by AMHP training, which they thought would be valuable for their career. This contrasted with the views of the RNMH nurses who felt their skills were already a good fit, which therefore created an intrinsic motivation to undertake the role.

Professional esteem

A small number of RNMH, RNLD and OT AMHPs were motivated by a desire to demonstrate their professions were able to work well as AMHPs. For example, this RNMH wanted to show that nurses were capable of being AMHPs:

> *I think it was … about promoting health workers within that. I think that was more my motivator. So it wasn't about me as a person in the team, it was about actually nurses can do this as well.*
>
> *RNMH AMHP 05*

Extrinsic discouraging factors

Participants identified four extrinsic factors that discouraged taking up the AMHP role: 'profile and reputation of the AMHP role'; 'organisational commitment to RNMH, RNLD and OT AMHPs'; 'management support'; and 'level of remuneration'.

Profile and reputation of the AMHP role

Many of the non-AMHPs, other professionals and survey respondents commented on the lack of awareness of colleagues and managers about the AMHP role and which professionals

could become AMHPs as well as a lack of encouragement from managers. A small number of participants also felt that effort was needed to improve the reputation of AMHP work to attract more social workers as well as RNMHs, RNLDs, OT and psychologists to the role. For example, this other professional questioned whether there was a sufficiently strong understanding of what 'the right model of an AMHP service should look like':

> *It just doesn't seem like that sort of stuff is out there so it's such a hidden role that's so critical.*
>
> *Other professional 03*

Organisational commitment to RNMH, RNLD and OT AMHPs

Inconsistent working conditions across LAs and a lack of meaningful career progression were identified by survey respondents and interview participants as organisational factors that could discourage RNMHs, RNLDs, OTs and psychologists from becoming and working as AMHPs. For example, one AMHP Lead wanted to train nurses as AMHPs had faced obstacles which he thought derived from their employer's (an NHS Trust) anxiety in relation to costs:

> *I think if we were able to offer it to our health colleagues then we would have quite a number of people that would probably be willing and more than able to go ahead on the course. But, unfortunately, there just aren't the mechanisms.*
>
> *AMHP Lead 04*

Management support and supervision

A mixed view of management support was reported by AMHPs: some participants were happy with the support and supervision they received from managers. However, some nurses had to overcome hurdles to become and practise as AMHPs, which could be highly discouraging. This included negative attitudes from managers in relation to releasing staff for AMHP training and enabling them to work on AMHP rotas.

Supervision of RNMH AMHPs who work in health teams appeared to be complex and reliant on continuity of managers and the initiative of the nurses. Two OTs reported not getting any supervision and one nurse described how she had had to establish a complex network of supervisors, which she felt was a great support:

> *I have my AMHP supervision from… the AMHP Lead. I have my case supervision from… my team manager. I have clinical supervision, nurse supervision, from a colleague who is a bed manager in one of the big hospitals nearby.*
>
> *RNMH AMHP 05*

Remuneration

While money was never a main motivation, given the level of remuneration, pay was still seen by RNMHs, RNLDs and OTs as an important extrinsic factor. Some RNMH, RNLD and OT AMHPs reported not getting any extra pay for AMHP work, about which they were highly dissatisfied. For example, one RNMH argued that higher salaries would give the role more 'kudos' because of the social importance accorded to pay, reflecting a need for perceived competence and status:

> *We would have more kudos really, I think, because people do look at pay structures and where people stand in society in relation to pay, we would have more kudos if we had a bit more parity within that.*
>
> *RNMH AMHP 05*

A lack of consistency in pay locally and nationally was also mentioned by A small number of survey respondents and interview participants as a factor that made it difficult to recruit RNMHs, RNLDs, OTs and psychologists as AMHPs. The difference between the level of money paid to AMHPs (e.g. £150 extra per month), which did not take account of the numbers of assessments undertaken and the fee per assessment paid to doctors (e.g. £175 per assessment) was also seen as iniquitous.

Discussion

We will discuss motivating and discouraging factors in turn, before drawing some conclusions about the need for further research and making some suggestions about policy and practice changes.

Intrinsic motivations and discouraging factors

In addition to altruistic motivations, two other intrinsic motivations were found in our study, both of which reflect motivating factors for social workers (e.g. Morriss, 2016). First was the dynamic and 'contained' nature of the work: a 'time-limited intervention that aims to resolve a crisis for a patient and often their family' (Watson, 2016: 312). The importance of this motivation might have been affected by the extent to which AMHPs work on a rota for one or two days in a week or fortnight, which may mean their work is concentrated on emergency situations. The dynamic nature of the AMHP role was also associated with a high level of emotional labour, involving managing intense and contradictory emotional situations, while retaining an ability to make considered decisions (Vicary, 2016) and therefore a stressor. Second was a perceived fit with the skills and experiences of nurses and OTs, who felt they had the necessary experience of working in mental health services. The non-social worker AMHPs in this research were in the main happy to challenge doctors'

decisions and felt able to apply a social perspective, fitting with other research findings (Stone, 2018; Vicary et al, 2019), suggesting a philosophical fit with the role.

Some non-AMHPs believed that the intrinsic nature of AMHP work could damage therapeutic relationships, which are central to mental health nursing (Moyle, 2003: 48) and occupational therapy (Cole & McLean, 2003), which may vary by context. This chimes with the findings of Hurley and Linsley's (2006) study, which found that applying the coercive elements of the MHA had a negative effect on therapeutic relationships with ASWs. However, these relationships could often be repaired and some even felt that they were ultimately stronger as a result. Hurley and Linsley (2006) reported that the quality of previous relationships, an awareness of the potential negative impact and honest styles of communication could help such repair. However, it seems likely that the potential impact on therapeutic relationships, particularly with detained patients, will be a tension for many RNMHs, RNLDs, OTs and psychologists considering becoming AMHPs.

The sense of conflict between the AMHP role and the professional values of RNMHs, RNLDs and OTs identified by participants in the current study was echoed in Vinzant's (1998) research on child and adult protection social workers, who also are involved in implementing statutory requirements, such as removing children from their parents, which are hard to incorporate into values focused on empowerment and support (BASW, 2014). This suggests the importance of the image and profile of the AMHP role in attracting and retaining AMHPs.

Extrinsic motivations and discouraging factors

While a relatively small study, Hudson and Webber's (2012) survey of mental health social workers found that many experienced AMHP work as stressful, although levels of stress were lower than those found in Evans et al.'s (2005) survey of ASWs. Our study suggests that stress may arise from the dynamic and often urgent nature of AMHP work. Consequently, the need for good support and supervision from managers and peers as extrinsic factors supporting or undermining motivation is emphasised. This study presented a mixed picture in relation to management support: the problems related to taking up training, being given the time to practise and in obtaining good supervision, which have been found to be protective against stress and burnout in mental health professionals (O'Connor, Muller-Neff, & Pitman, 2018).

The current arrangements in which English local authorities have primary responsibility for AMHP services, may mean that NHS managers have little incentive to release staff to do the training or supporting them to work on AMHP rotas. Such difficulties were a source of dissatisfaction and meant that RNMHs, RNLDs, and OTs needed to be highly motivated to work as AHMPs.

Support from colleagues has also been found to protect against stress and burnout in mental health professionals (O'Connor et al., 2018). AMHPs in our study were much more positive about support from colleagues than from managers, and this is clearly an extrinsic factor supporting RNMHs, RNLDs and OTs to work as AMHPs.

Remuneration is typically identified as an extrinsic motivation (Gagne & Deci, 2005), linked to meeting basic survival needs (Herzberg et al., 1993). Pay appeared to be an important factor for the AMHPs in our study, given the extra responsibilities and time implications, although money was rarely a reason for taking on the AMHP role. A further complexity is that RNMHs, RNLDs and OTs and social workers may be paid at different rates for the same work, both locally and nationally (Jackson, 2009).

Limitations of the study

This was a small sample of self-selected participants, which may have meant that they had particularly strong views or vivid experiences, limiting generalisability. We did encounter AMHPs who were very enthusiastic about the role and had clearly been very motivated and had particularly strong views. However, all interview-based research involves self-selection and researchers need to reflect on this possibility in writing up their research (Robinson, 2014) and the qualitative approach used has enabled an in-depth analysis of participants' perspectives. The inclusion of non-AMHPs, AMHP Leads and other professionals may have ameliorated this effect. The research has provided some new insights into the factors motivating and discouraging factors for RNMHs, RNLDs, OTs and psychologists considering taking on the AMHP role or working as AMHPs.

Conclusion

Ryan and Deci (2000) stress the importance of the right conditions to foster motivation, so we will conclude with some suggestions for further research and policy options to help create the right conditions to support RNMHs, RNLDs, OTs and psychologists to work as AMHPs. Further research is needed to examine the relative distribution and importance of the intrinsic and extrinsic motivations and discouraging factors identified in our research. Our study suggested the value of good supervision and peer support in limiting the tendency for the dynamic nature of AMHP work and the potential clash with professional values to increase stress levels. Further research is also needed to establish the extent of the potential stress arising out of these factors and identify how managers could help ameliorate this. Research replicating Hurley and Linsley's (2006) study would provide evidence about the impact of undertaking AMHP work on therapeutic relationships required in nursing and occupational therapy. More broadly, the effectiveness and relevance of the qualifying training programme for the AMHP qualification may need to be assessed.

However, the intrinsic and extrinsic factors that appear to discourage RNMHs, RNLDs, OTs and psychologists from working as AMHPs also suggest some policy changes that may be of value. First would be re-examining organisational responsibility for running the AMHP service. NHS Trusts and therefore line managers could be required to facilitate access to AMHP training and to support RNMHs, RNLDs, OTs and psychologists working as AMHPs. Increasing remuneration of AMHPs could potentially help reduce dissatisfaction with the role and thereby improve retention. Greater rationalisation of pay for AMHPs across the country could also help address the low take-up of the AMHP role by RNMHs, RNLDs, OTs and psychologists. Pay enhancements, similar to a nurse prescriber, for example, might help link becoming an AMHP with career progression for RNMHs, RNLDs, OTs and psychologists, given the perceived value of AMHP work for social workers' career progression (Watson, 2016).

While further research is needed, this study has suggested policy options to support implementation of the Review of the Mental Health Act 1983 (The Independent Review of the Mental Health Act 1983, 2018) recommendation that local authorities and NHS organisations work together to ensure an adequate number of AMHPs is available in each area. While the government has not indicated (as of Spring 2019) that any new mental health legislation will include such requirements other encouragements of AMHP training do not require legislation and might be taken up by employers and health education bodies.

References

Abbott, S.N. (2017). *Using the law in social work Approved Mental Health Professional practice*. Thesis submitted for the Doctorate in Social Work. Brighton: University of Sussex. Retrieved from http://sro.sussex.ac.uk/id/eprint/77773/1/Abbott,%20Simon%20Nicholas.pdf (Accessed 11/04/2019)

Braun, V. and Clarke, V. (2008). Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3(2), 77-101. (No DOI number)

British Association of Social Workers (2014). The Code of Ethics for Social Work: Statement of Principle. London, British Association of Social Workers. Retrieved from the British Association of Social Workers website: https://www.basw.co.uk/resources/basw-code-ethics-social-work (Accessed 30/11/2018).

Care Quality Commission (2018). *Mental Health Act: Approved Mental Health Professional services,* London: Care Quality Commission. Retrieved from the Care Quality Commission website: http://www.cqc.org.uk/publications/themed-work/briefing-mental-health-act-approved-mental-health-professional-services (Accessed 30/11/2018)

Cole, M.B. and McLean, V. (2003). Therapeutic Relationships Re-Defined. *Occupational Therapy in Mental Health*, 19(2), 33-56, DOI: 10.1300/J004v19n02_03

Department of Health (2015). *Mental Health Act 1983. Code of Practice*, London: Department of Health. Retrieved from: https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983 (Accessed 30/11/2018).

Evans, S., Huxley, P., Webber, M., Katona, C., Gately, C., Medina, J. and Kendall, T. (2005). The impact of 'statutory duties' on mental health social workers in the UK, *Health and Social Care in the Community*, 13(2), 145–154. DOI: 10.1111/j.1365-2524.2005.00540.x

Gagné, M. and Deci, E. L. (2005). Self-determination theory and work motivation. *Journal of Organizational Behavior,* 26 (4), 331-362. doi:10.1002/job.322

Gregor, C. (2010) Unconscious Aspects of Statutory Mental Health Social Work: Emotional Labour and the Approved Mental Health Professional, *Journal of Social Work Practice*, 24(4), 429-443, DOI: 10.1080/02650531003791012.

Herzberg, F., Mausner, B., & Bloch Snyderman, B. (1993). *The motivation to work.* New Jersey: Transaction Publishers.

Hudson, J., & Webber, M. (2012). *The National AMHP Survey 2012: Final report. Stress and the statutory role: is there a difference between professional groups?* London: King's College, London. Retrieved from Martin Webber's website: http://martinwebber.net/wp-content/uploads/2012/10/AMHPSurvey2012FinalReport.pdf (Accessed 30/11/2018)

Hurley, J. and Linsley, P. (2006). Proposed changes to the Mental Health Act of England and Wales: research indicating future educational and training needs for mental health nurses. *Journal of Psychiatric and Mental Health Nursing*, 13(1): 48-54. doi:10.1111/j.1365-2850.2006.00911.x

Jackson, C. (2009). Approved mental health practitioner: taking on the challenge of the role. *Mental Health Practice,* 12(8). p22-25. doi: 10.7748/mhp2009.05.12.8.22.c7003

Mental Health Act (MHA) 2007. Chapter 12. London TSO (The Stationery Office). Retrieved from Her Majesty's Government website: https://www.legislation.gov.uk/ukpga/2007/12/contents (Accessed 30/11/2018)

Mental Health Act (MHA) 1983, Chapter 20. London TSO (The Stationery Office). Retrieved from Her Majesty's Government website: https://www.legislation.gov.uk/ukpga/1983/20/contents , (Accessed 30/11/2018).

Morriss, L. (2016). AMHP Work: Dirty or Prestigious? Dirty Work Designations and the Approved Mental Health Professional, *British Journal of Social Work,* 46(3), 706-718, DOI: http://dx.doi.org/10.1093/bjsw/bcv009.

Moyle, W. (2003). Nurse–patient relationship: A dichotomy of expectations. International *Journal of Mental Health Nursing*, 12(2), 103-109. doi:10.1046/j.1440-0979.2003.00276.x

New Zealand Government (2012). Guidelines for the Role and Function of Duly Authorised Officers. Retrieved from the New Zealand Government website: https://www.health.govt.nz/publication/guidelines-role-and-function-duly-authorised-officers (Accessed 01/07/2019)

NHS Digital (2016). *Inpatients formally detained in hospitals under the Mental Health Act 1983, and patients subject to supervised community treatment: Uses of the Mental Health Act: Annual Statistics, 2015/16*. London: NHS Digital. Retrieved from the NHS Digital website: https://www.gov.uk/government/statistics/inpatients-formally-detained-in-hospitals-under-the-mental-health-act-1983-and-patients-subject-to-supervised-community-treatment-2014-to-2015 (Accessed 18/04/2019).

Nowell, L. S. et al. (2017) 'Thematic Analysis: Striving to Meet the Trustworthiness Criteria', *International Journal of Qualitative Methods*. 16 1-13. DOI: 10.1177/1609406917733847.

O'Connor, K., Muller-Neff, D. and Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry,* 53, 74-99. Doi: 10.1016/j.eurpsy.2018.06.003

Opdenakker, R. (2006). Advantages and Disadvantages of Four Interview Techniques in Qualitative Research. *Forum: Qualitative Social Research.* 7(4) Article 11. Retrieved from: http://www.qualitative-research.net/index.php/fqs/article/view/175/391 (Accessed 09/04/2019).

Palinkas, L.A., Horwitz, S.M., Green, C.A. Wisdom, J.P., Duan, N. and Hoagwood, K. (2015). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(50) : 533-544. DOI: 10.1007/s10488-013-0528-y

Robinson, O. C. (2014). Sampling in Interview-Based Qualitative Research: A Theoretical and Practical Guide, *Qualitative Research in Psychology,* 11(1), 25-41, DOI: 10.1080/14780887.2013.801543

Ryan, R., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68–78. DOI: 10.1037/0003-066X.55.1.68.

Scottish Government (2006). *The New Mental Health Act: A guide to the role of the mental health officer*, Edinburgh, Scottish Government. Retrieved from the Scottish Government Website: https://www2.gov.scot/Resource/Doc/1094/0055041.pdf (Accessed 01/07/2019).

Skills for Care (2018). *The Approved Mental Health Professional Workforce*. London: Skills for Care. Retrieved from Skills for Care website: https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Topics/Social-work.aspx (Accessed 18/04/2019)

Stevens, M., Sharpe, E., Moriarty, J., Manthorpe, J., Hussein, S. Orme, J., … Crisp, B. (2012). Helping others or a rewarding career? Investigating student motivations to train as social workers in England', *Journal of Social Work* 12(1) 16-36. DOI 10.1177/1468017310380085

Stone, K (2018) Nurse AMHPS: an exploratory study of their experiences. *The Journal of Mental Health Training, Education and Practice*. 14(2) 86-95. DOI: 10.1108/JMHTEP-07-2018-0039

The Independent Review of the Mental Health Act 1983. (2018). *Modernising the Mental Health Act: Increasing choice, reducing compulsion. Final report of the Independent Review of the Mental Health Act 1983*. London: Department for Health and Social Care. Retrieved from Her Majesty's Government website: https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review (Accessed 07/12/2018)

Vicary, S. (2016). *An Interpretative Phenomenological Analysis of the impact of professional background on role fulfilment: a study of approved mental health practice.* Manchester, Doctor of Philosophy, University of Manchester. Retrieved from: The Open University website: http://oro.open.ac.uk/51197/ (Accessed 18/04/2019)

Vicary, S. Young, A., & Hicks, S. (2019 Advance Access). 'Role Over' or Roll Over? Dirty Work, Shift and Mental Health Act Assessments. *The British Journal of Social Work*, Advance online publication , pp 20 DOI: 10.1093/bjsw/bcz014

Vinzant, J. C. (1998). Where Values Collide: Motivation and Role Conflict in Child and Adult Protective Services. *The American Review of Public Administration*, 28(4), 347-366. https://doi.org/10.1177/027507409802800402

Watson, D. (2016). Becoming an Approved Mental Health Professional: an analysis of the factors that influence individuals to become Approved Mental Health Professionals. *Journal of Mental Health,* 25(4), 310-314.